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PTO/SB/05 (4/98)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. R11.12-0800

First Inventor or Application Identifier Robert C. Hedtko

Title REMOTE PROCESS SEAL WITH IMPROVED  
STABILITY IN DEMANDING APPLICATIONS

Express Mail Label No. EV178025864US

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.Address To: Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-14501. ☒ \*Fee Transmittal Form e.g., PTO/SB17)  
(Submit an original and a duplicate for fee processing)2. ☐ Applicant Claims small entity status3. ☒ Specification [Total Sheets **16**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention)  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure4. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **4**]5. Oath or Declaration [Total Sheets **2**]a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).6. ☒ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)a. ☐ Computer Readable Copy

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 Copies); orii. ☐ Paperc. ☐ Statement verifying identity of above copies**ACCOMPANYING APPLICATION PARTS**9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)16. ☐ Nonpublication Request Under 35 USC 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent17. ☒ Other: Checks in the amount of \$40.00 and \$788.0018. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation -in part (CIP)

of prior application No: /

Prior application information:

Examiner

Group/Art Unit:

**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

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Registration No. (Attorney/Agent)

42,413

Signature

Date

12/16/03

| FEE TRANSMITTAL  |               | Complete if Known  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|--|---------------|--|---|--|----------|-----------------|----------|-----------------|----------|-----|------|------|------|--------|------|------|------|------|-----|--|------|--------------|------|-------------------------------------|--|------|-----|------|------|--|------|------|------|------|---|----------------------------|---|------------------------|-------|------|-------|--|-----------------------------------|------|-----|------|-----|--|------|------|------|------|---|---|----|------|-----|---|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-----|------|----|-------------------------|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|--|--|------|----|------|----|--|--|---------------------------|--|--|--|--|--|
|  |               | Application No.  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  |               | Filing Date  | Herewith  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  |               | First Named Inventor   | Robert C. Hedtke  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  |               | Title  | REMOTE PROCESS SEAL WITH<br>IMPROVED STABILITY IN DEMANDING<br>APPLICATIONS |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  |               | Group Art Unit   |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  |               | Examiner Name  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Total Amount of Payment \$ 788   |               | Atty. Docket Number  | R11.12-0800   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| METHOD OF PAYMENT (Check One)  |               | FEE CALCULATION (Continued)  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Check Enclosed  |               | <b>3. ADDITIONAL FEES</b><br><br><table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - Late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - Late provisional Filing Fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For Filing a Request for Reexamination. (ex parte)</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1814</td><td>110</td><td>2814</td><td>55</td><td>Terminal Disclaimer Fee</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to Revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to Revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility/Reissue issue fee (inc. advance copies)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee (inc. advance copies)</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td colspan="6">Other Fee (specify) _____</td></tr> </tbody> </table> |   | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee | Fee  | Fee  | Fee  | Code   | (\$) | Code | (\$) |      |     | 1051   | 130  | 2051         | 65   | Surcharge - Late filing fee or oath |  | 1052 | 50  | 2052 | 25   | Surcharge - Late provisional Filing Fee or cover sheet |      | 1053 | 130  | 1053 | 130                                       | Non-English specification  |   | 1812                   | 2,520 | 1812 | 2,520 | For Filing a Request for Reexamination. (ex parte) |                                   | 1251 | 110 | 2251 | 55  | Extension for reply within first month |      | 1252 | 420  | 2252 | 210   | Extension for reply within second month |    | 1253 | 950 | 2253  | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee |  | 1452 | 110 | 2452 | 55 | Petition to Revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to Revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility/Reissue issue fee (inc. advance copies) |  | 1502 | 480 | 2502 | 240 | Design issue fee (inc. advance copies) |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | Other Fee (specify) _____ |  |  |  |  |  |
| Large Entity   |               | Small Entity   |   | Fee Description  | Fee Paid |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee           | Fee  | Fee   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)          | Code   | (\$)  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1051   | 130           | 2051   | 65  | Surcharge - Late filing fee or oath  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1052   | 50            | 2052   | 25  | Surcharge - Late provisional Filing Fee or cover sheet                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1053   | 130           | 1053   | 130   | Non-English specification  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1812   | 2,520         | 1812   | 2,520   | For Filing a Request for Reexamination. (ex parte)                         |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1251   | 110           | 2251   | 55  | Extension for reply within first month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1252   | 420           | 2252   | 210   | Extension for reply within second month                                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1253   | 950           | 2253   | 475   | Extension for reply within third month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1254   | 1,480         | 2254   | 740   | Extension for reply within fourth month                                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1255   | 2,010         | 2255   | 1,005   | Extension for reply within fifth month                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1402   | 330           | 2402   | 165   | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1403   | 290           | 2403   | 145   | Request for oral hearing   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1814   | 110           | 2814   | 55  | Terminal Disclaimer Fee  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1452   | 110           | 2452   | 55  | Petition to Revive - unavoidable   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1453   | 1,330         | 2453   | 665   | Petition to Revive - unintentional   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1501   | 1,330         | 2501   | 665   | Utility/Reissue issue fee (inc. advance copies)                            |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1502   | 480           | 2502   | 240   | Design issue fee (inc. advance copies)                                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1460   | 130           | 1460   | 130   | Petitions to the Commissioner  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1807   | 50            | 1807   | 50  | Petitions related to provisional applications                              |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1806   | 180           | 1806   | 180   | Submission of Information Disclosure Statement                             |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 8021   | 40            | 8021   | 40  | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Other Fee (specify) _____  |               |  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| FEE CALCULATION  |               |  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><br><table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td><input checked="" type="checkbox"/> Utility Filing Fee</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td><input type="checkbox"/> Design Filing Fee</td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td><input type="checkbox"/> Reissue Filing Fee</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td><input type="checkbox"/> Prov. Filing Fee</td></tr> <tr><td colspan="5" style="text-align: right;"><b>Subtotal (1) \$ 770</b></td></tr> </tbody> </table>   |               | Large Entity   |   | Small Entity   |          | Fee Description | Fee      | Fee             | Fee      | Fee | Code | (\$) | Code | (\$)   |      | 1001 | 770  | 2001 | 385 | <input checked="" type="checkbox"/> Utility Filing Fee | 1002 | 340          | 2002 | 170                                 | <input type="checkbox"/> Design Filing Fee | 1004 | 770 | 2004 | 385  | <input type="checkbox"/> Reissue Filing Fee            | 1005 | 160  | 2005 | 80   | <input type="checkbox"/> Prov. Filing Fee | <b>Subtotal (1) \$ 770</b> |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Large Entity   |               | Small Entity   |   | Fee Description  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee           | Fee  | Fee   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)          | Code   | (\$)  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1001   | 770           | 2001   | 385   | <input checked="" type="checkbox"/> Utility Filing Fee                     |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1002   | 340           | 2002   | 170   | <input type="checkbox"/> Design Filing Fee                                 |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1004   | 770           | 2004   | 385   | <input type="checkbox"/> Reissue Filing Fee                                |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1005   | 160           | 2005   | 80  | <input type="checkbox"/> Prov. Filing Fee                                  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>Subtotal (1) \$ 770</b>   |               |  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><br><table style="width: 100%; font-size: x-small;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>21</td> <td>20</td> <td>1</td> <td>18</td> <td>18</td> </tr> <tr> <td>Indep.</td> <td>3</td> <td>3</td> <td>0</td> <td>86</td> <td>0</td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple Dependent Claims</td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>Reissue Independent Claims over Original Patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |               |  | Number Claims   | Prior**  | Extra    | Fee from Below  | Fee Paid | Total           | 21       | 20  | 1    | 18   | 18   | Indep. | 3    | 3    | 0    | 86   | 0   | Large Entity   |      | Small Entity |      | Description                         | Fee  | Fee  | Fee | Fee  | Code | (\$)   | Code | (\$) |      | 1202 | 18  | 2202                       | 9 | Claims in excess of 20 | 1201  | 86   | 2201  | 43   | Independent claims in excess of 3 | 1203 | 290 | 2203 | 145 | Multiple Dependent Claims              | 1204 | 86   | 2204 | 43   | Reissue Independent Claims over Original Patent | 1205                                    | 18 | 2205 | 9   | Reissue claims in excess of 20 and over original patent |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Number Claims | Prior**  | Extra   | Fee from Below   | Fee Paid |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Total  | 21            | 20   | 1   | 18   | 18       |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Indep.   | 3             | 3  | 0   | 86   | 0        |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Large Entity   |               | Small Entity   |   | Description  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee           | Fee  | Fee   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)          | Code   | (\$)  |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1202   | 18            | 2202   | 9   | Claims in excess of 20   |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1201   | 86            | 2201   | 43  | Independent claims in excess of 3  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1203   | 290           | 2203   | 145   | Multiple Dependent Claims  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1204   | 86            | 2204   | 43  | Reissue Independent Claims over Original Patent                            |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1205   | 18            | 2205   | 9   | Reissue claims in excess of 20 and over original patent                    |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Subtotal (2) \$ 18   |               | Subtotal (3) \$  |   |  |          |                 |          |                 |          |     |      |      |      |        |      |      |      |      |     |  |      |              |      |                                     |  |      |     |      |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |

Signature   
(Christopher R. Christenson)

Reg. No. 42,413

Date 12-16-03

Deposit Account No. 23-1123